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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of: : **OFFICIAL** PATENT
MICHAEL L. WALKER :
Serial No.: 09/975,797 :
Filed: October 11, 2001 : Group Art Unit: 1712
For: BRINE FLUIDS WITH IMPROVED : Examiner: Philip C. Tucker
CORROSION PROPERTIES : Docket No.: 194-15337CIP
: Date: April 6, 2004

AMENDMENT UNDER 37 CFR §1.111

Mail Stop Non-Fee Amendment
Commissioner for Patents
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Sir:

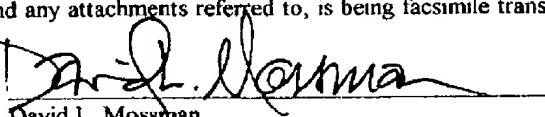
In response to the Office Action dated March 19, 2004, please enter the following Amendment.

In the Claims

In compliance with 37 CFR §1.121, please find beginning on the following page the status of all claims, including changes to claim 12.

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David L. Mossman

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

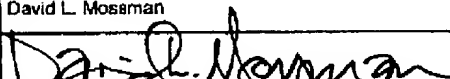
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/975,797	
	Filing Date	10/11/2001	
	First Named Inventor	MICHAEL L. WALKER	
	Art Unit	1712	
	Examiner Name	PHILIP C. TUCKER	
Total Number of Pages in This Submission	9	Attorney Docket Number	194-15337CIP

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks No fee is required because there were no changes to the claim number.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	David L. Mossman	
Signature		
Date	April 6, 2004	

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Signature		Date April 6, 2004

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